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## FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name	e of Candidate (in full)										
Varg	gas, Anthony 'Tony', , ,										
	ess (number and street) Caniglia Plaza	☐ Check if address changed					Candidate's FEC Identification Number     H2NE02132				
(c) City,	State, and ZIP Code					3. Is This				Amended	
Oma		_	NE	6810		Statem	( )	OR	x	(A)	
4. Party Aff		5. Office Sough	ht		6. State & Dis		date				
DEMO	CRATIC PARTY	House			NE	02					
	D	ESIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMI	TTEE				
7. I hereby	designate the following na	amed political cor	mmittee as m	y Principal (	Campaign Com	mittee for the	2022 (year of elect		ion(s).		
NOTE: T	his designation should be	filed with the ap	propriate offi	ce listed in th	ne instructions.						
(a) Name	e of Committee (in full)										
То	ny Vargas for Co	ngress									
	ess (number and street) Box 746										
(c) City,	State, and ZIP Code										
Во	ys Town				NE	68010	)				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.											
	his designation should be	filed with the pri	ncipal campa	ign committe	ee.						
(a) Name	e of Committee (in full)										
Va	irgas Victory Fur	d									
	ess (number and street) Box 493										
(c) City,	State, and ZIP Code										
Воу	vs Town				NE	68010					
	I certify that I have ex	amined this State	ement and to	the best of	my knowledge a	and belief it is	true, correct a	and comp	lete.		
Signature of Candidate						Date					
Vargas, Anthony, , ,			[Electronically Filed]		10/15/2022						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	2

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES** 

	(Including Joint Fundraising Representatives)
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.
	(a) Name of Committee (in full)
	314 Action Impact Slate 2022
	(b) Address (number and street) 122 C Street NW Suite 360
	(c) City, State, and ZIP Code
	Washington DC 20001
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)
	(b) Address (number and street)
	(c) City, State, and ZIP Code
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.
	(a) Name of Committee (in full)
	(b) Address (number and street)
	(c) City, State, and ZIP Code
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my
	candidacy. NOTE: This designation should be filed with the principal campaign committee.
	(a) Name of Committee (in full)
	(b) Address (number and street)
	(c) City, State, and ZIP Code